INSTRUCTIONS

- Complete all sections of the enrollment form. A separate enrollment form must be submitted for each child along with a one-time \$100 enrollment fee per child. If you need additional information call toll free 1-888-477-2667 or view the website at: http:// NevadaTreasurer.gov
- 2. Enclose a check or money order made payable to: **Nevada Prepaid Tuition Program**, in the amount of \$100 per enrollment form plus any additional monies if down payment opted. Your enrollment form **will not** be accepted without this fee. If you choose to pay by credit card, complete the section on the back of the enrollment form. **The enrollment fee is not refundable.**
- 3. Payments will be due the 15th of each month starting March 15th, 2007.

SECTION I. Purchaser Information

ADDRESS

Number and street, including apartment number

SOCIAL SECURITY NUMBER

4. Mail the completed enrollment form, \$100 fee, and any necessary payments to: State Treasurer Brian Krolicki, Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600, Las Vegas, Nevada 89101. If you choose a down payment option (minimum \$1000) you must include that with the enrollment fee. Enrollment forms must be postmarked by February 28, 2007 to ensure this year's prices. Enrollment forms for newborns less than one year of age will be accepted until June 30, 2007.

Please complete the following information about yourself, the person purchasing the Nevada Prepaid Tuition Program contract. You must be of legal age. The Purchaser is the owner of the contract. (If the contract is canceled, the Purchaser is entitled to any refund). PURCHASER NAME □ Mr. ☐ Mrs. ☐ Miss \square Ms If Purchaser is an organization, please indicate type: □ Corporation □ Trust □ Non-profit □ Foundation □ Partnership □ Other Organization Name **ADDRESS** Number and street, including apartment number State County (i.e. Clark, Washoe, etc.) **EVENING TELEPHONE** SOCIAL SECURITY NUMBER/TAX ID # DAY TELEPHONE Is the Purchaser or Beneficiary a Nevada resident, a graduate, or the child or grandchild of a graduate of a Nevada school of higher education? Yes □ No (You must answer "Yes" to be eligible to enroll.) **SECTION II. Purchaser Appointee Information (Optional)** The Purchaser Appointee's rights are limited solely to control of the contract upon the death of the Purchaser. The Purchaser Appointee may receive contract information but cannot make any changes to the contract. □ Miss

EVENING TELEPHONE

DAY TELEPHONE

SECTION III. Beneficiary Information

The Beneficiary is the per Beneficiary's social secur	son for whom you are buying the contract. Please complete the following information about him or her. Be sure to supply the ity number.
NAME	
Last M.I.	First
ADDRESS	
Number and street, including	g apartment number
City	State Zip County (i.e. Clark, Washoe, etc.)
SOCIAL SECURITY NU	UMBER HOME TELEPHONE
Sex: □Male □Female	e Date of Birth: Day Year
Please check Beneficiary'	s age or current grade in school and projected college entrance year as of September 30, 2006
1. □ Newborn (2024)	5. □ 4 year old (2020) 9. □ Second (2017) 13. □ Sixth (2013)
2. □ 1 year old (2023)	6. □ 5 year old, not in school (2020) 10. □ Third (2016) 14. □ Seventh (2012)
3. □ 2 year old (2022)4. □ 3 year old (2021)	7. □ Kindergarten (2019) 11. □ Fourth (2015) 15. □ Eighth (2011) 8. □ First (2018) 12. □ Fifth (2014) 16. □ Ninth (2010)
Beneficiary relationship to 1. □ Child 2. □ C	o Purchaser (check one) Grandchild 3. Friend 4. Other
SECTION IV. Choice of	Tuition Plans
Please indicate the numbe	or of semesters you wish to purchase.
1. □ 4 Year University P	Plan: 4 Years University (8 semesters / 120 semester credit hours)
2. □ 2 Year University P	Plan: 2 Years University (4 semesters / 60 semester credit hours)
3. □ Community College	e Plus University Plan: 2 Years Community College and 2 Years University (8 semesters / 120 semester credit hours)
4. □ Community College	e Plan: 2 Years Community College (4 semesters / 60 semester credit hours)
SECTION V. Payment S	schedule
	nt option and indicate if you are making a down payment. must be a minimum of \$1000 and must be included with your enrollment form. You must also choose one of the monthly
☐ Single, Lump Sum	☐ 5 Years/60 months (available for the 7th grade or below) ☐ Extended Monthly (until high school graduation)
	☐ Down Payment Amount of down payment \$
If selecting an option inclu	uding monthly payments, indicate your preference between paying via automatic bank withdrawal (ACH) or coupon book.

☐ Coupon Book (a book will be sent to you)

☐ Automatic Bank Account Withdrawal or Payroll deduction form (fill out form on website)

SECTION VI. Optional Information

You are NOT required to complete ANY PART of this section	on. However, your res	sponses will help us plan for	future enrollment periods.
How did you learn about the Nevada Prepaid Tuition Prograr □ Newspaper □ Television □ Radio □ Word of Mouth □ □ Government Office □ Daycare □ Legal Office □ Conve	School Presentation	n □ Website □ Employer	☐ Bank ☐ Library ☐ Medical Office
Educational level of the Purchaser (Select highest level com		aster's degree □ Ph.D. □ 0	Other (specify)
Race of Student ☐ Caucasian ☐ African-American ☐ Hispanic ☐ Native A	merican Asian	Other (specify)	
Annual Family Income □ Less than \$20K □ \$20K - 29,999 □ \$30K - 39,999 □ \$4	.0K - 49,999 □ \$50K	- 79,999 □ \$80K - 100K □	Over \$100K
SECTION VII. Authorization			
I hereby certify that the above information on this enrol substantial fee may apply for contract termination resul enrollment form. In signing below, I am agreeing to all	ting from material m	isrepresentation on this N	evada Prepaid Tuition Program
Signature of Purchaser		Date	
Please print full name		E-mail address	
Email address may be used for all corresp	ondance unless y	ou check here to have	e paper versions sent to you.
Credit Card Information (For Payment of Enrollment Fo	ees, Down Payments,	and Lump Sum Payments	Only).
☐ Visa ☐ MasterCard ☐ Discover	Month Year	Please check all that app □ \$100 Enrollment Fee	oly and designate the amount
Credit Card Number	Expiration Date	☐ Lump Sum Contract	
		☐ Down Payment (Mir.	imum \$1000) Amount \$
Signature of Credit Card Holder			
D \$100 D Name December \$	For Office U		Charle Amount
□ \$100 □ None Payment \$ Credit Card Approval #		er/	Check Amount/
Down Payment Amount \$	node I	Onto	Multiple Forms of